



Early Voting begins October 19th
and ends Friday October 30nd
 Voting by mail applications must be
 into the County Clerk by October 24th

Most early voters go the second week; voters averse to standing in line should go the week of Oct. 26-30. Some of us have already voted by mail but the vote-by-mail deadline looms. If you wish to vote by mail get your application to the County Clerk as soon as possible but it must be **in his office** no later than October 24. To get an application form go to

harrisvotes.com
 or write to
 Harris County Clerk
 P.O. Box 1148
 Houston, TX 77251-1148

For Galveston County go to
galvestonvotes.org/early-vote-mail-FAQ.htm

Or write to
 Elections Division,
 Galveston County Clerk
 P. O. Box 17253
 Galveston, TX 77552-7253

Harris County Early Voting Location
 Freeman Branch Library
 16616 Diana Lane, 77062

Galveston County Early Voting Locations

Dickinson Community Center 2714 Highway 3 Dickinson, Texas	Bacliff Community Center 4503 – 11th Street Bacliff, Texas
League City County Annex 174 Calder Road League City, Texas	Friendswood City Hall 910 S. Friendswood Dr. Friendswood, Texas
Creekside Intermediate School (Practice Gym) 4320 W. Main Street League City, TX	Kemah Community Center 146 & Harris Ave. Kemah, Texas
Bay Colony Elementary 101 Bay Colony Elementary @ Highway 646 Dickinson, TX	AMOCO Federal Credit Union 235 E. Parkwood Ave. Friendswood, TX
Bauerschlag Elementary School (Library) 2051 W. League City Parkway League City, TX	CCISD Ad. Building (Board Room) 2425 East Main Street League City, TX

Early Voting Hours

October 19-23: . . . 8:00 a.m. - 4:30 p.m.
 October 24 7:00a.m. – 7:00p.m.
 October 25 1:00p.m. – 6:00p.m.
 October 26- 30: . . . 7:00 a.m. - 7:00 p.m.

The League of Women Voters offers easy explanations of proposed amendments

lwwtexas.org/Voters%20Guide/2015

Go to the League’s website lwwtexas.org and you can get an unbiased pro/con argument for each of the amendments. LWV easy explanations as follows:

Amendment One

The proposed amendment would raise the amount of a homestead exemption from \$15,000 to \$25,000 on ad valorem, or property, taxes, for public school purposes beginning January 1, 2015. For a person 65 or older or a disabled person, the proposed amendment would also grant an additional \$10,000 exemption. The amendment would require the state to offset any school property tax revenue losses resulting from the additional homestead exemption amount. The Legislative Budget Board estimates this would be over \$1.2 billion for 2015-2016.

Amendment Two

Proposition 2 ...would amend the Texas Constitution , to extend the current homestead property tax exemption to include the surviving spouse of a totally disabled veteran who died on or before January 1, 2010, and who would have qualified for the full exemption on the homestead’s entire value if it had been available at that time.

In 2011, voters approved a constitutional amendment to allow a surviving spouse of a 100 percent or totally disabled veteran an exemption from property taxation from all or part of the market value on the disabled veteran’s residence homestead, as long as the surviving spouse had no remarried. The amendment passed in 2011, however, did not apply to surviving spouses of veterans who died before January 1, 2010. Proposition 2 would extend the homestead exemption to include these spouses. According to estimates by the comptroller, extending the exemption would allow roughly 3,800 surviving spouses of totally disabled veterans to claim this exemption.

Amendment Three

When the Texas Constitution was initially adopted in 1876, [it] required ...any statutory state officer who was elected statewide to reside at the capital during their terms of office. Proposition 3 would amend the Constitution by removing the requirement.

Amendment Four

The Texas Constitution prohibits lotteries and gift enterprises, with a few exceptions. One exception is an amendment adopted in 1989 that permits charitable raffles conducted by a qualified religious society, a volunteer fire department, a volunteer emergency medical service or a non-profit organization. This provision requires that all proceeds from the sale of raffle tickets be spent for charitable purposes of the organization and that the charitable raffle be conducted and promoted exclusively by the members of the organization.

Proposition 4 proposes an amendment to Texas Constitution to include another exception and allow a professional sports team charitable foundation to conduct charitable raffles under the terms and conditions imposed by the law. The law could authorize the charitable foundation to pay reasonable advertising, promotional and administrative expenses with the charitable proceeds. These raffles could only be conducted at games hosted at the home venue of the professional sports team associated with the charitable foundation.

Amendment Five

An amendment to the Texas Constitution was adopted in 1980, giving rural counties with less than 5,000 inhabitants the right to construct and maintain private roads if the county imposes a reasonable charge for the work. Proposition 5 would amend Texas Constitution, to increase the statutory population cap to 7,500. It would update the Constitution to reflect the population growth in Texas counties over the past 35 years and include an additional 21 counties.

Amendment Six

Proposition 6 would change the Texas constitution by adding the right to hunt, fish, and harvest wildlife using traditional methods. The proposed amendment maintains that this right is subject to regulations that conserve and manage wildlife. The proposed amendment is not intended to affect existing laws relating to trespass, property rights, eminent domain,

and municipalities' right to prevent hunters from using their guns to hunt in populated areas.

Proposition 6 would also change the constitution by endorsing hunting and fishing as the preferred method for managing and controlling fish and wildlife populations.

Amendment Seven

Proposition 7 proposes an amendment to the state constitution to dedicate a portion of the revenue derived from the state sales and use tax and the tax imposed on the sale, use, or rental of a motor vehicle to the state highway fund. Under current law, these funds are deposited to the General Revenue Fund. The amendment would dedicate \$2.5 billion of revenue from the sales and use tax annually to the State Highway Fund starting on September 1, 2017. This allocation would expire on September 1, 2032. Beginning September 1, 2019, 35 percent of revenue from the sales and use tax on motor vehicles exceeding \$5 billion would be dedicated to the State Highway Fund annually. For example, if \$6 billion came in from this tax, then 35 percent of \$1 billion, or \$350 million would be dedicated to the State Highway Fund. Currently, this tax is about \$4 billion, and it goes directly to the General Revenue Fund. The new revenue for the State Highway Fund would be used only to construct, maintain or acquire rights-of-way for public roadways, but not toll roadways, or to make payments on general obligation bonds issued by the Texas Transportation Commission. The Texas Legislature would be allowed to reduce the amount of sales and use tax revenue allocated to the State Highway Fund if two-thirds of legislators agree to do so. The legislature would also be permitted to extend these revenue allocations beyond their expiration dates for 10-year periods if a simple majority of legislators agree to do so.

TRS to Host Town Hall Meeting about Health Insurance Program

Based on Tim Lee, Inside Line, 9-29-15

Last spring during the 84th Legislative Session Senator Taylor, Dr. Bonnen and Rep. Paul worked with TRTA to protect TRS-Care from an impending shortfall of \$768 million. TRS-Care is now protected through 2017. **But the 84th Session also passed**

a bill to create an interim study group tasked to find real, long-term solutions to prevent crises such as these from occurring again and ensure retirees that their health care coverage will still be affordable. That six-member interim committee will be named by November 1. We are all speculating on who will be on that committee: three to be named by Lt. Gov. Dan Patrick and three by Speaker Joe Straus.

Most of the success in resolving the TRS-Care program's issues will be done in the interim, not during the 85th Legislative Session to begin in January of 2017.

On October 22 TRS will host a Town Hall Meeting at TRS Headquarters in Austin, Texas.

The exact time and room will be announced soon on trta.org. As Tim put it, "Now is the time for our members to get involved and be as vocal as possible! TRS and the Texas Legislature need to hear from you and your fellow retirees! ...TRTA will need participants to attend the meeting in Austin, as well as members watching and participating online. And let's not exclude our friends who are still actively teaching and working in our public schools. Please encourage all active school employees to receive the *Inside Line*. We are all in this together, and our ability to protect TRS-Care today will ensure those pre-retirees that their benefits are safe as well. Your support helped us receive \$768 million towards TRS-Care during the 84th Texas Legislative Session, but there is still more work to be done. Protecting TRS-Care is one of TRTA's top priorities, and your help can make all of the difference."

7 TRS-Care Sustainability Options to be studied by Interim Committee

based on Tim Lee, *Inside Line*, 2-25-15

Last February in testimony given to a House Appropriations Subcommittee TRS Executive Director Brian Guthrie gave a detailed accounting of the TRS-Care funding problem. Director Guthrie laid out the systemic flaws that have led to the ongoing TRS-Care shortfall. He observed that "this is actually an issue that we have been looking at

for some time. And declared, "There are no easy solutions to this problem." At that time he explained details on the make-up of the TRS-Care tiers, mentioning that more than half of all TRS-Care participants utilize TRS-Care 3.

31% of TRS-Care participants are non-Medicare as they are younger than age 65, while another 8% are over age 65 but do not qualify for Medicare A. The contribution structure was discussed, and Guthrie reminded committee members that the rates contributed by the state (1%), school districts (.55%) and active employees (.65%) are based on active teacher payroll. Guthrie stated the contributions are based upon a "metric not related to the cost of health care and providing that care."

The medical expenditures of TRS-Care have out-paced the contributions. Other contributing factors include increasing pharmacy costs and more retirees participating in the program. **The \$768 million shortfall has now been paid in full but because of systemic funding issues TRS must return next session asking for another billion or so.**

The February hearing was an analytical view of the various options TRS has explored for resolving the systemic funding shortfall. Unfortunately, TRS and TRS-Care participants already have picked all the "low-hanging fruit" to try and control the rising costs of the program. At this time, most of the options discussed by TRS involve increasing contributions (including retiree premiums), altering benefits or making eligibility changes. To put a finer edge on it, these proposals may increase costs on retirees or active school employees or both.

The Seven Options as reviewed by TRS Director Brian Guthrie

[exactly as presented in February]

The first option considers different ways to pre-fund TRS-Care, similar to how the pension trust is funded. This is a substantially expensive option, and could result in a threefold increase from the state, actives, school districts and retirees. If only the state contribution of 1% increased, it would need to rise to at least 5%. Bear in mind that 1% of active teacher

payroll equals nearly \$600 million per biennium, meaning an additional \$2.4 billion would be required from the state to fund this option. Pre-funding would require a commitment of at least 30 years from the state.

The second option details methods for pay-as-you-go, which is the current method of funding (a two-year fix). This includes everything from having only the state pay for it to spreading the cost among all stakeholders. For example, this option could raise retiree premiums 54% over the next four years. A retiree under age 65 with 25 years of school service could pay nearly \$500 per month under this option.

The third option includes methods for maintaining 10 years of solvency for TRS-Care. Pursuing this option possibly would require an additional \$8 billion from the state over the next 10 years. This option would also increase premiums to almost \$600 per month by 2024 for retirees under age 65 with 25 years of service.

The next several options look at shifting costs (to the retiree or dependent) and changing behavior. **Option 4**, for example, would require the retiree to pay for the cost of insurance for anything above catastrophic coverage (TRS-Care 1). Premiums would increase in this scenario exorbitantly, to as high as \$616 for an individual or nearly \$1800 for a retiree and spouse. This potentially could deplete a retiree's entire annuity!

TRS Option 5 focused on mandating Medicare Advantage and Medicare Part D plans for Medicare-eligible participants. Representative Phelan asked if there has been any pushback from doctors and other medical providers on accepting the TRS Medicare Advantage plan. Guthrie said yes, particularly in rural areas. There are pockets of the state where Medicare Advantage plans are not accepted. Members could appeal the mandatory participation in the program if providers do not accept Medicare Advantage plans in their area. Savings of \$159 million could be achieved if this option were put into place. TRS has done a great job developing a widely accepted and very benefit-rich Medicare Advantage option. It has been reported by

TRTA members around the state, however, that considerably more work is necessary to expand Medicare Advantage acceptance by providers who may not want to accept our Aetna-based plan. Unfortunately, some other large provider networks around the state may have their own agenda to be the TRS-Care Medicare Advantage provider. In addition, other providers say they do not accept ANY Medicare Advantage plans, BUT may be part of a network that HAS agreed to take the TRS-Care Medicare Advantage plan. Often, though, provider office personnel do not understand this arrangement and tell retirees our plan is not accepted. This confusion must be addressed by TRS, as the Legislature seriously may consider mandatory Medicare Advantage. The next two options change the delivery of health care for the non-Medicare population. These options are generally not popular among retirees. One is a health reimbursement account (HRA), meaning the retiree would receive a stipend and use the funds to purchase their own health insurance on the federal exchange or private market. The stipend would equal approximately \$502 per month per retiree. Representative VanDeaver asked how retirees feel about this option, and Guthrie stated that it is not a popular one. This option is heavily dependent upon federal action on the Affordable Care Act (ACA). TRS-Care participants would be forced into the individual market and subjected to considerable cost uncertainties, reduced plan options, higher out-of-pocket costs, and even less member protection.

The final option is a consumer-directed health care plan, including disease management. These options are referred to as Accountable Care Organizations (ACOs) and generally are more applicable to the pre-65 population as a way to contain costs. An example is using the Austin Regional Clinic for all services, including primary care and specialists. This reduces choice for the member, forcing them into a specific network. This option is being tested in several areas of the state for TRS-Active Care, but results of effectiveness cannot be determined until it has been in place for a full year. This type of plan would be hard to create for rural areas....

Contact Your Legislators

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